Name In Full

Certificate of Death

Capt. Thos. L. Benchamp

Died at Town: Salisbury County: Wicomico MARYLAND

Date 19 ~~07~~ Month: 2 Day: 24 Age: Y. 68 M. D.

Native of: Md Occupation: Sea capt.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 2

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary / Immediate — Pneumonia. 72

How long sick

Accident, Suicide, Homicide

Reported by Wicomico Sun

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70008

Name in Full

Certificate of Death

Alice, May, Brickhead

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1900 Month: Feb Day: 13 | Age Y. 1 M. 7 D. 8 | Native of Md | ~~Occupation~~

~~Male~~ / ~~White~~ / ~~Married~~ / ~~Widow~~ / ~~Divorced~~

Female / Colored / Single / ~~Widower~~ / ~~Number of children living~~

Husband of

Wife

Father's Name: Samuel, Henry Mother's Name: Florence, Brickhead

Cause of Death — Primary: Supposed it to be a | How long sick: all its life

Immediate: Spinal Troubl OVER | Accident, Suicide, Homicide

Reported by: L C Kellenger & Co OVER

Address: Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 75[illegible]6

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from Florence Burkhead

of Salisbury Md

Name In Full R. Kyle. Lealley

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date ~~1900~~ Month Feb. Day 11 | Age Y. 41 M. D. | Native of | Occupation Physician

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

Husband of Wife Annie F. Lealley

Father's Name | Mother's Name

Cause of Death: Primary Chronic Bright's Disease | How long sick 3 months

Immediate Uraemia | ~~Accident, Suicide, Homicide~~

Reported by Louis W. Morris M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7999B

Name In Full — Certificate of Death

Johnny Leary

Town — County

Died at Silver Hill — Prince Georges — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date ~~19~~ 1930	Feb.	21	Age 2			American	

Male — White — ~~Married~~ — ~~Widow~~ — Divorced

~~Female~~ — ~~Colored~~ — Single — Widower — ~~Number of children~~ living

Husband of

Wife

Father's Name J. J. Leary

Mother's Name Katherine Leary

Cause of Death — Primary: Pneumonia — How long sick

Immediate — Accident, Suicide, Homicide

Reported by J. R. Hanlon undertaker

Address Upper Marlboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

152

Name In Full — Certificate of Death

Mrs Leah Drukey

Died at — Town: Salisbury — County: Wicomico — MARYLAND

Date 1900 — Month: Feb. — Day: 28 — Age: Y. 70 M. D. — Native of: Md — Occupation: House work

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living: 3

~~Husband~~ / Wife of: Shelland Drukey

Father's Name: Harmon — Mother's Name: Don't know

Cause of Death — Primary: Pneumonia — How long sick: 11 days

Immediate: Don't know — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Geo. H. Todd

Address: Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Name in Full

George Brown

Certificate of Death

Town: Hebron County: Wicomico

Died at Hebron, Wicomico, MARYLAND

Date 1900 Month: Feb. Day: 4

Age Y. M. D.

Native of Maryland

Occupation Mill man

~~Male~~ ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living

Husband of
Wife

Father's Name: Don't Know

Mother's Name: Don't Know

Cause of Death — Primary: Carbuncle on back of neck — How long sick: 3 or 4 days

Immediate: Inflamation of Brain — Accident, Suicide, Homicide

Reported by Louis Wroten. M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70868

Name In Full

Mary Johnson

Certificate of Death

Town

County

Died at Salisbury Insane MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
~~Dec.~~ 1900	Feb. 9	Age			Maryland	servant

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living

Husband of ~~Wife~~ widow Maulsie Johnson

Father's Name

Mother's Name

Cause of Death — Primary: Pneumonia — How long sick: 2 weeks

Immediate: Heart failure — ~~Accident, Suicide, Homicide~~

Reported by Louis Wrenn M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79885

Name In Full — Certificate of Death

Wm P. Nelson

Died at Town Shanktown County Somerset MARYLAND

Date 19 Mar Month 3 Day 19 | Age Y. 66 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 5 -

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Salisbury Advertiser 3-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name In Full

Sarah E. Morris

Certificate of Death

Died at Salisbury (Town) Wicomico (County) MARYLAND

Date 1909 Month Feby Day 12 | Age Y. 68 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband / Wife of Elijah Morris

Father's Name Perry | Mother's Name

Cause of Death — Primary: Pneumonia | How long sick: 8 or 10 days

Immediate: Heart failure | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by F. M. Clemons M. D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Clemons Palmer

Died at Town: Hebron · County: Wicomico · MARYLAND

Date ~~19~~ 1900 Month: Feb. Day: 1 | Age Y. 5 M. 8 D. | Native of: Wicomico | Occupation: Childhood

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name: Joseph J. Palmer | Mother's Name: Josephine Palmer

Cause of Death — Primary: acute nephritis | How long sick

Immediate: Oedema Lungs | ~~Accident, Suicide, Homicide~~

Reported by: Louis Clemons

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76966

Name in Full

Matilda Rounds

Certificate of Death

Died at Salisbury Township (Town) (County) MARYLAND

Date 190	Month	Day	Y.	M.	D.	Native of	Occupation
	Feb.	2	Age			Virginia	Servant

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: Acute Indigestion — How long sick: 3 days

Immediate: Heart failure — ~~Accident, Suicide, Homicide~~

Reported by Louis Williams

Address [redacted] Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name In Full

Certificate of Death

Charles Smyth.

Died at Town: Sharps Point County: Accomac MARYLAND

Date 19 20 Month: 2 Day: 16 | Age Y. 86 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Accomac News,

Address

2-22-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Name In Full

Certificate of Death

Town

County

Died at Salisbury Wicomico MARYLAND

Month Day Y. M. D.

Date 1920 2 4 Age 43 Native of Worcester Co Occupation Mill hand

Male ~~Married~~ ~~Married~~ ~~Married~~ ~~Divorced~~

Female ~~Single~~ Colored ~~Single~~ Widower Number of children living

Husband of

Wife

Father's Name Julius Spence Mother's Name Sarah Brown

Cause of Death: Primary Pneumonia How long sick 5 days

Immediate Nervous

Accident, Suicide, Homicide

Reported by J. W. Leach

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7818

Name In Full

Infant

Certificate of Death

Died at Town Allen County Wicomico MARYLAND

Date 1880 Month 2 Day 17	Age Y. M. D.	Native of	Occupation
Male ~~Female~~	~~White~~ Colored	Married Single	Widow Widower	Divorced Number of children living

Husband of

Wife

Father's Name William Gull

Mother's Name Sarah Gull

Cause of Death: Primary Pneumonia — How long sick 2 days

Immediate — Accident, Suicide, Homicide

Reported by E. A. Denson Undertaker

Address Parkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Mrs. Sallie J. Venables

Died at Town: Mardela County: Wicomico MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 19 07	2	1	Age 29			

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ | ~~Widower~~ | ~~Divorced~~ | Number of children living 1

Husband of Wife: Joseph R. Venables

Father's Name | Mother's Maiden Name

222

Cause of Death: Primary — Consumption — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Carrier 2-3

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full

William Ward

Certificate of Death

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1900 Month: Feb Day: 28 Age Y. 75 M. D. Native of: Md Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name

Mother's Name

Cause of Death: Primary — Rheumatism — How long sick: 2 yrs

Immediate — Accident, Suicide, Homicide

Reported by D E Holloway & Co

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received from Isaac Dryden

of Salisbury Md

Name In Full

Noah W. White

Certificate of Death

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1905 Month: May Day: 13 | Age Y. 65 M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 3

Husband of
Wife

Father's Name James White | Mother's Name

Cause of Death — Primary: Enlarged Prostate | How long sick 2 years

Immediate: Heart failure | ~~Accidental, Suicide, Homicide~~

Reported by F. M. Pleasanton M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70998